

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D.R.	70623	1-16-99
O.I.P.E. CLASSIFIER			1/30
FORMALITY REVIEW	ERW	70623	7-16-99

# INDEX OF CLAIMS

✓ ..... Rejected  
 " ..... Allowed  
 (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final	
Original	
1	12/10
2	1/9/01
3	5/02
4	11/03/01
5	11/03/01
6	11/03/01
7	11/03/01
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9	11/03/01
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49	11/03/01
50	11/03/01

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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